PTO/SB/22 (12-04)
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| The the Transfer ork Reduction Act of 1995, no persons are required to respond to a collection | | | |
|--|--------------------|--|-----------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 | | Docket Number (Optional) 0234-0471P | |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | 0234-047 IP | |
| Application Number 10/679,495-Conf | . #4055 | Filed C | October 7, 2003 |
| For DYE-FORMING COUPLER, SILVER HALIDE PHOTOGRAPHIC LIGHT-SENSITIVE MATERIAL, AND AZOMETHINE DYE COMPOUND | | | |
| Art Unit 1626 | | Examiner | F. Powers |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | <u>Fee</u> | Small Entity Fee | |
| One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ \$ |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| X Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 1,020.00 |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. X A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number | | | |
| I am the applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| attorney or agent of record. | Registration Numbe | r | |
| x attorney or agent under 37 C | FR 1.34. | | |
| Registration number if acting | under 37 CFR 1.34 | 40,069 | 1.0.2000 |
| - m | | JOL | 1 0 2006 |
| Signature | | Date | |
| MaryAnne Armstrong | | (703) 205-8000 | |
| Typed or printed name | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total of 1 forms are submitted. | | | |

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